BOROUGH OF LITTLE FERRY
ATTN: RENT LEVELING BOARD
215-217 LIBERTY STREET, LITTLE FERRY, NJ 07643
TEL: 201-641-9234 X 650 FAX: 201-641-1957

Please fill out the information requested below and mail to the Rent Leveling Board or by email to c-mccarroll@littleferrynj.org

Property Address: _____

Owner/Management Company:_____

Contact Person: _____

Contact Email: _____ Contact Number: _____

Owner/Management: _____

**ANNUAL STATEMENT OF MARKET RATE UNITS, NOT SUBJECT TO RENT CONTROL**

| APT #/BLDG # | FLOOR # | # OF BEDROOMS |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Please provide the average rent for each type of unit for the year:

| # OF BEDROOMS | AVERAGE RENT |
|---|---|
| 1 BEDROOM | |
| 2 BEDROOM | |
| 3 BEDROOM | |
| 4 BEDROOM | |

BOROUGH OF LITTLE FERRY
ATTN: RENT LEVELING BOARD
215-217 LIBERTY STREET, LITTLE FERRY, NJ 07643
TEL: 201-641-9234 X 650 FAX: 201-641-1957

## ANNUAL STATEMENT OF UNITS SUBJECT TO RENT CONTROL

| APT #/BLDG # | FLOOR # | # OF BEDROOMS |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Please provide the average rent for each type of unit for the year:

| # OF BEDROOMS | AVERAGE RENT |
|---|---|
| 1 BEDROOM | |
| 2 BEDROOM | |
| 3 BEDROOM | |
| 4 BEDROOM | |

BOROUGH OF LITTLE FERRY
ATTN: RENT LEVELING BOARD
215-217 LIBERTY STREET, LITTLE FERRY, NJ 07643
TEL: 201-641-9234 X 650 FAX: 201-641-1957

**Sworn Statement of Rental Unit Status**

I, _____

(Property Owner's Full Name)

affirm that I am the legal owner or authorized representative of the property located at:

_____

(Property Address)

I hereby certify that the rent status of each unit on the attached list—designated as either rent-regulated or market rate—is true and accurate to the best of my knowledge.

I understand that this sworn statement is required by the Borough of Little Ferry to ensure compliance with applicable rent control ordinances and housing regulations.

Signature: _____

Printed Name: _____

Date: _____